

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.      | DATE            |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION         |           |             |                 |
| O.I.P.E. CLASSIFIER       | <i>MD</i> |             | <i>1/11/01</i>  |
| FORMALITY REVIEW          | <i>MD</i> | <i>4955</i> | <i>01/24/01</i> |
| RESPONSE FORMALITY REVIEW | <i>MD</i> | <i>1020</i> | <i>6-5-01</i>   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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